



**Add**  
**Change**  
**Delete**

**State of Utah**  
**Division of Finance**  
**Billing Profile**

Email completed form to:  
abranch@utah.gov  
For questions, please call  
(801) 957-7701.

Billing Code

**Requested by**

Date	
Name	MM/DD/YYYY
Dept. Name	
Division	
Phone	

**Remit to / Pay to Information**

Send Payment To	Department			
	Division			
	Address			
		City	State	Zip
Make Payment Payable to				

**Contact / Print file E-mail Information**

Contact Name
Contact Phone
Print File E-Mail Address

**Invoices Only**  
**Statements Only**  
**Invoices and Statements**  
**No Print Required**

Invoice/Statement      Receivable Due Date Lag

Statement Day      Billing Collection Code

**Department Approvals:**

_____ Department Requestor	_____ Date	_____ Department Chief Financial Officer or Department Executive Director	_____ Date
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<b>FOR FINANCE USE ONLY</b>			
_____ Division of Finance Approval	_____ Date	_____ Entered By	_____ Date